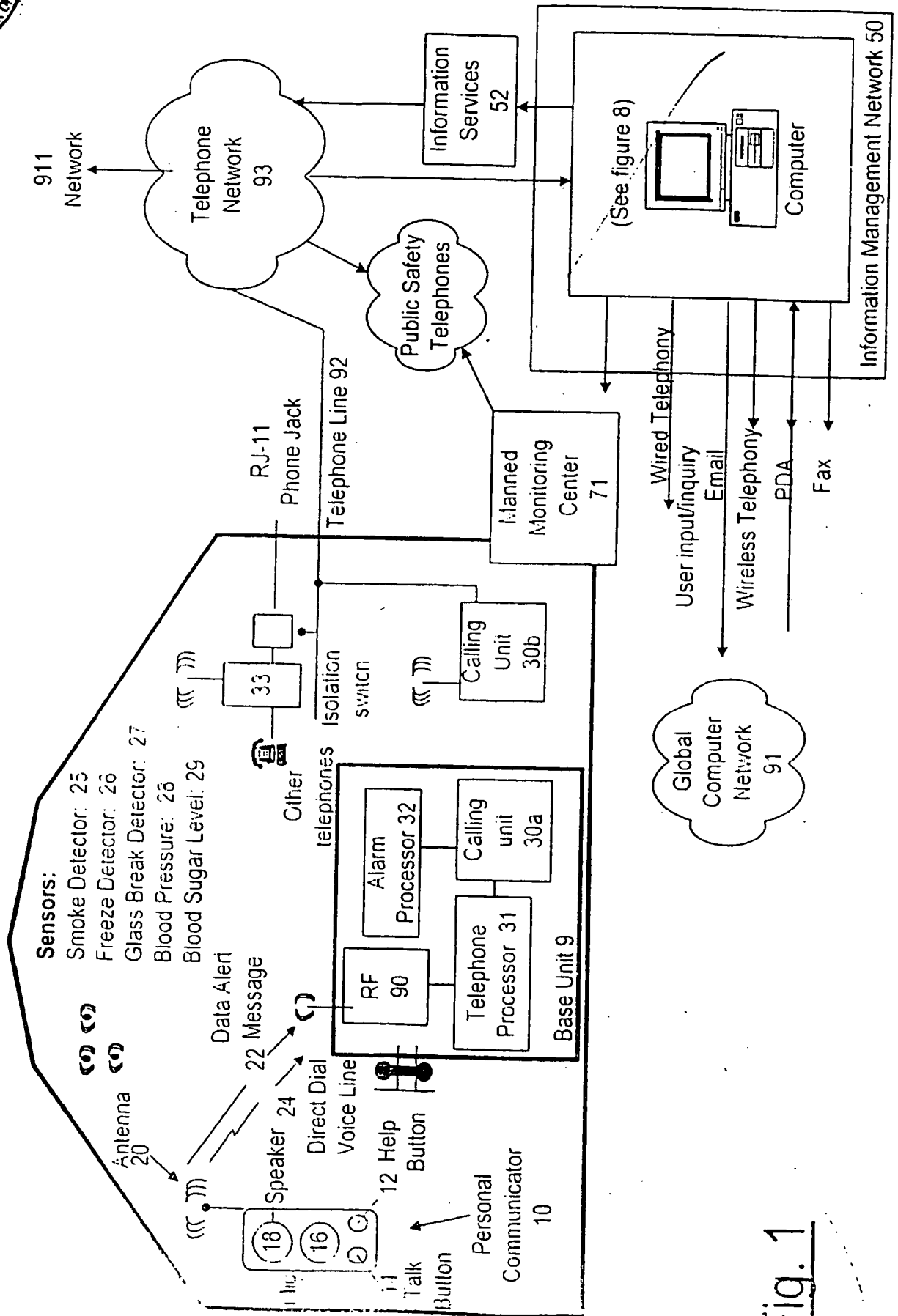




09/17/14, 841



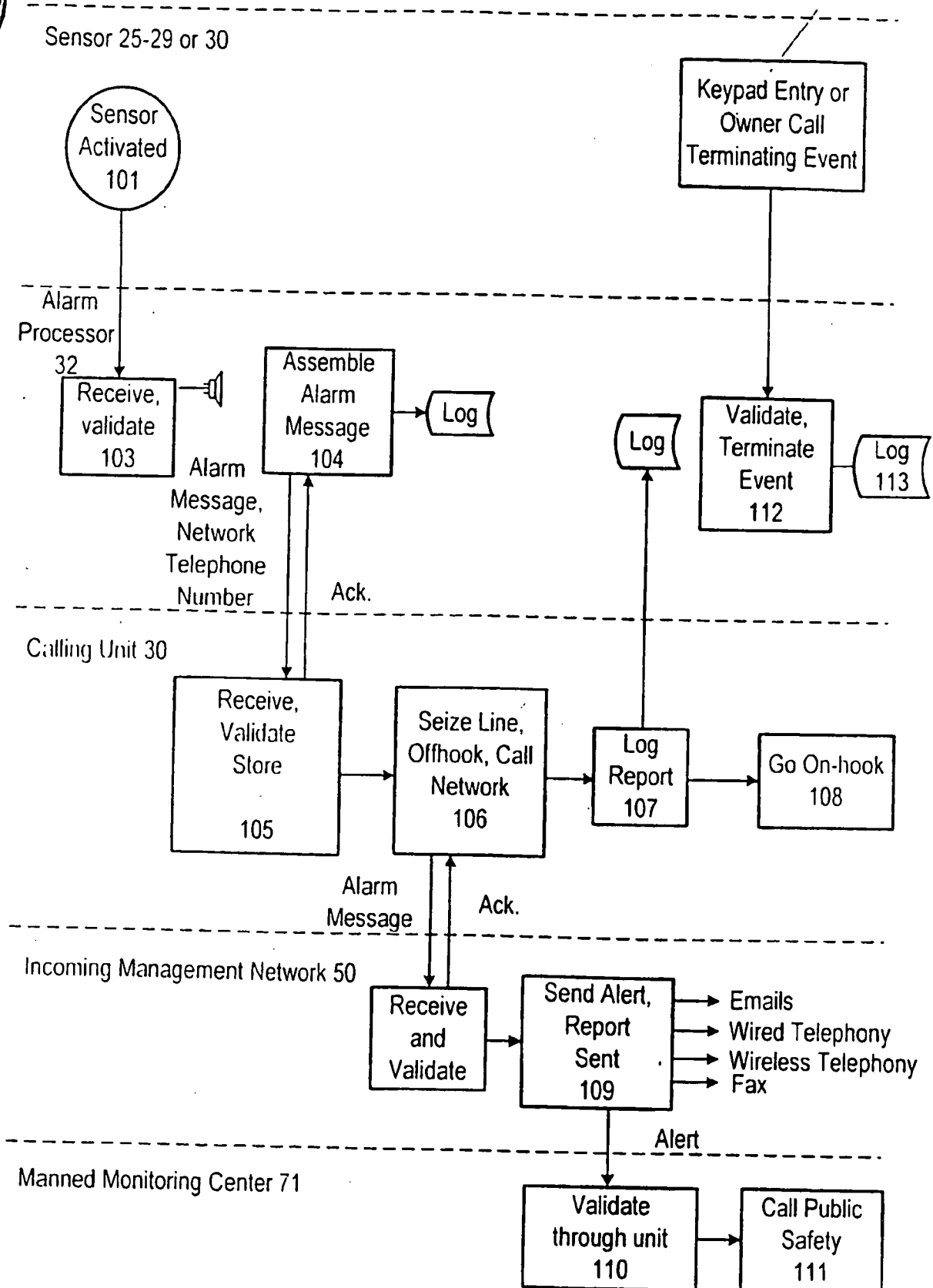


Fig. 2

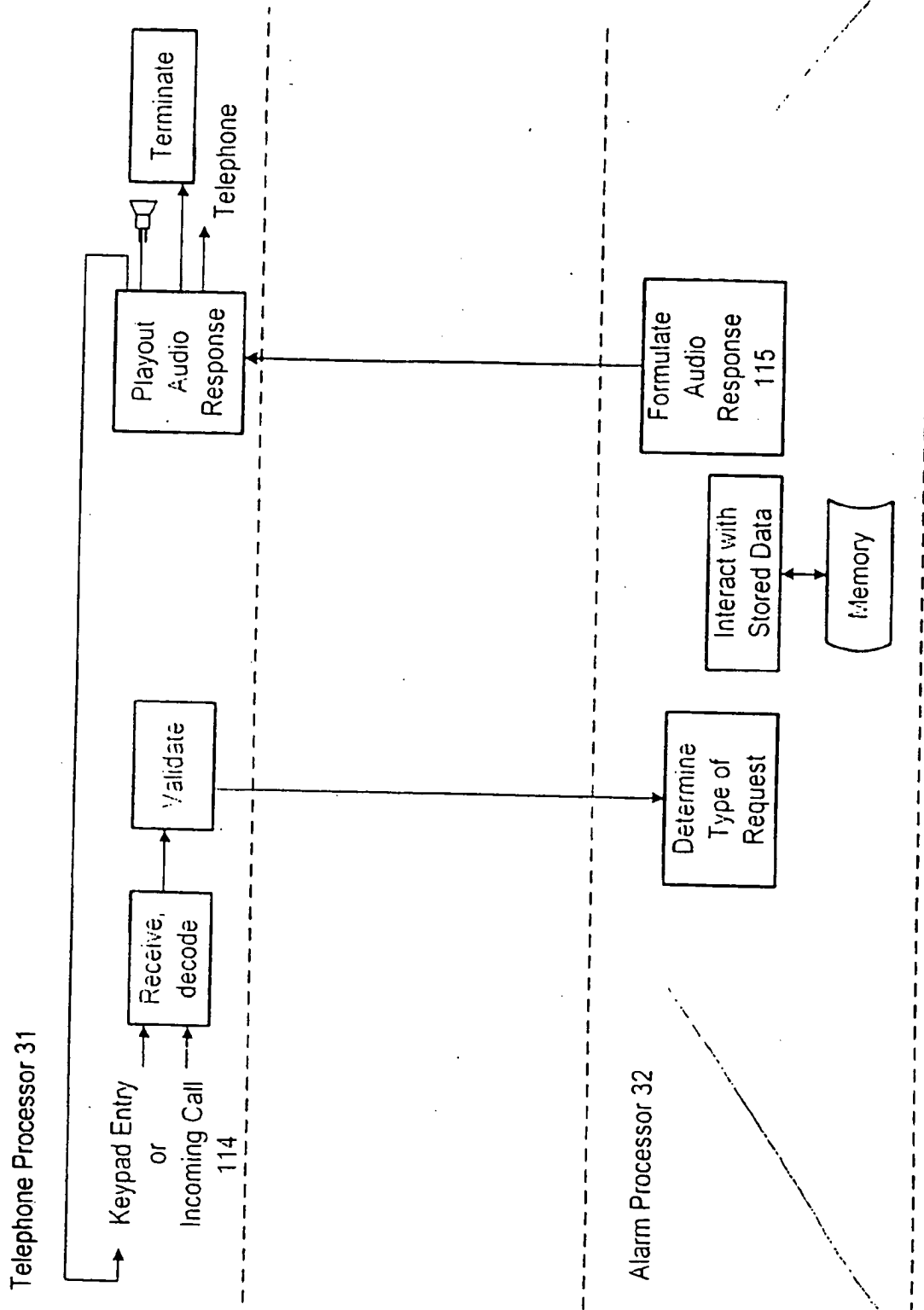


Fig. 3

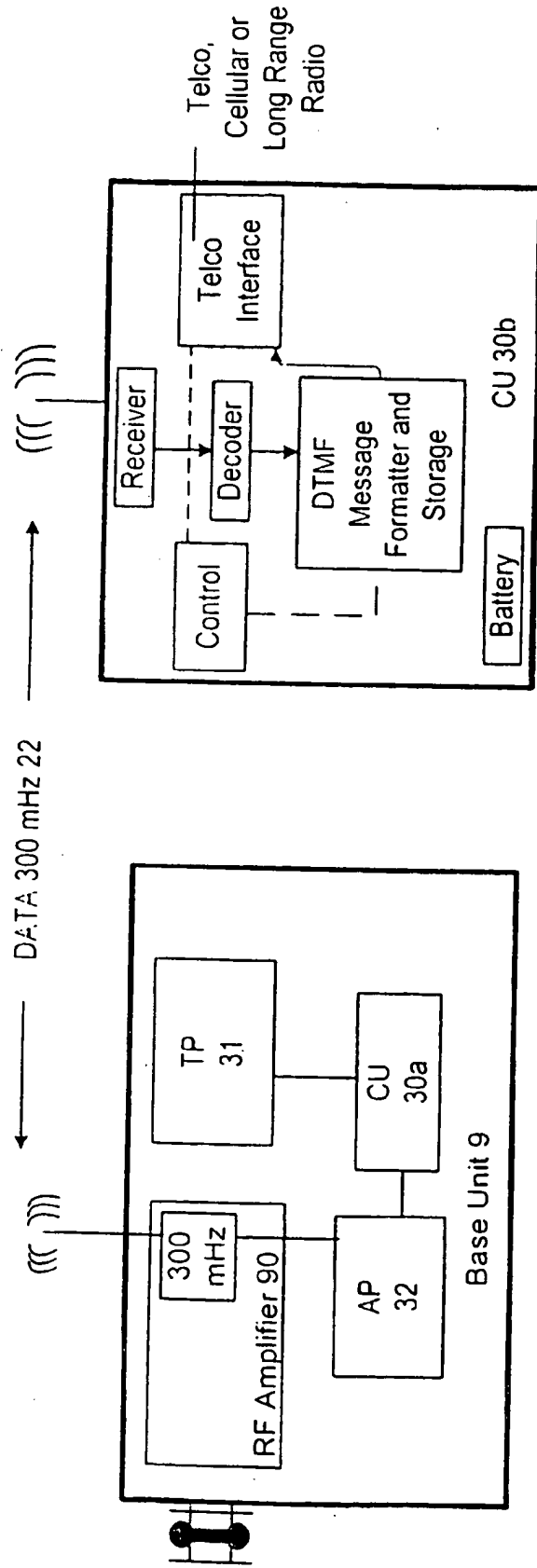
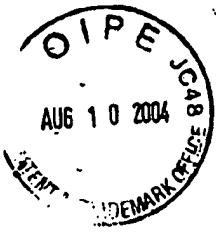


Fig. 4a

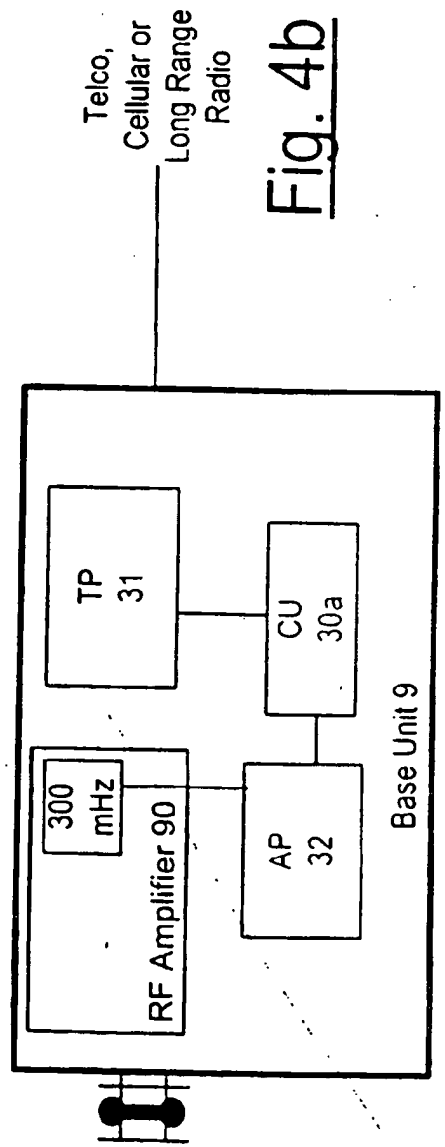


Fig. 4b

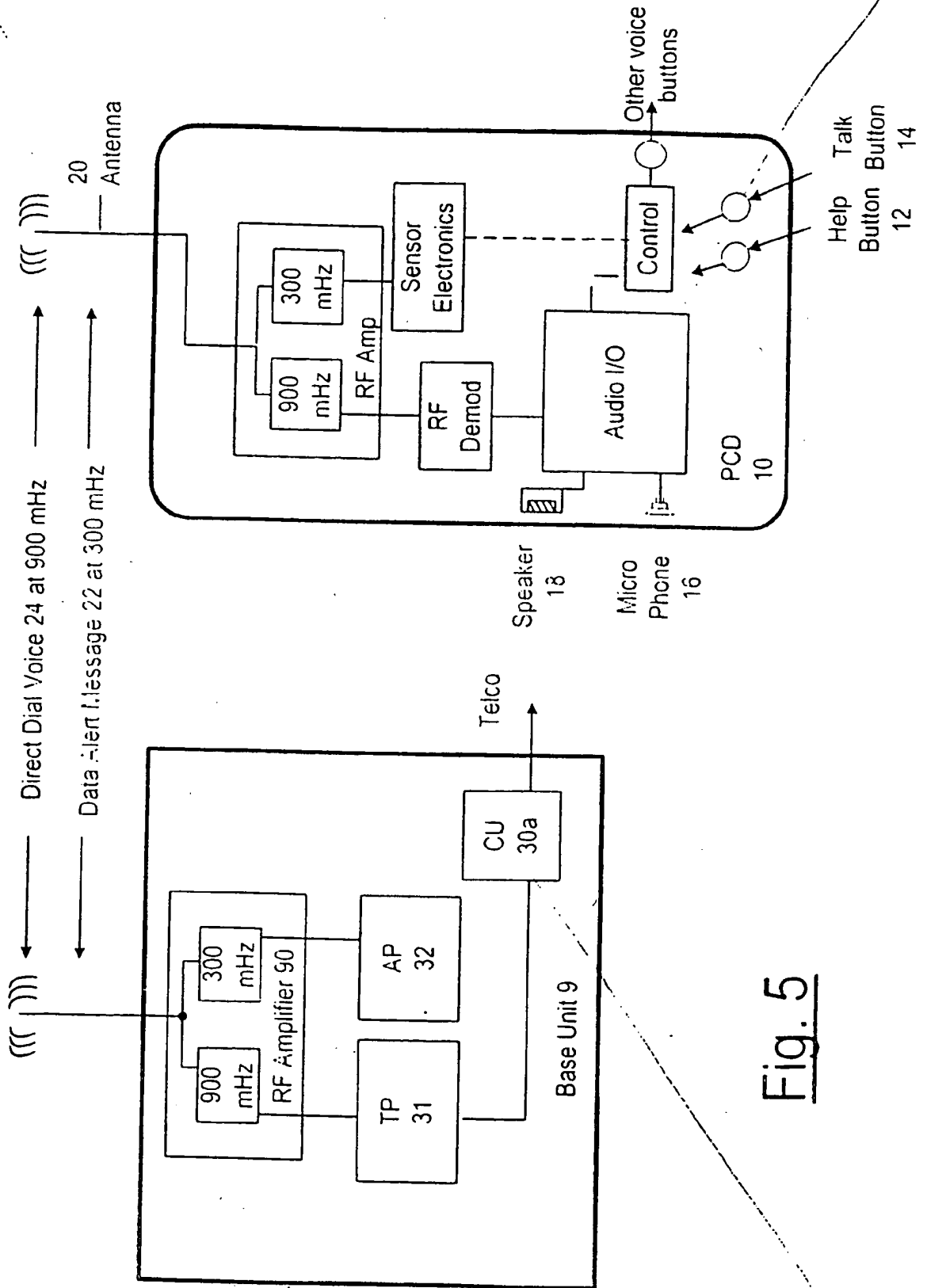


Fig. 5

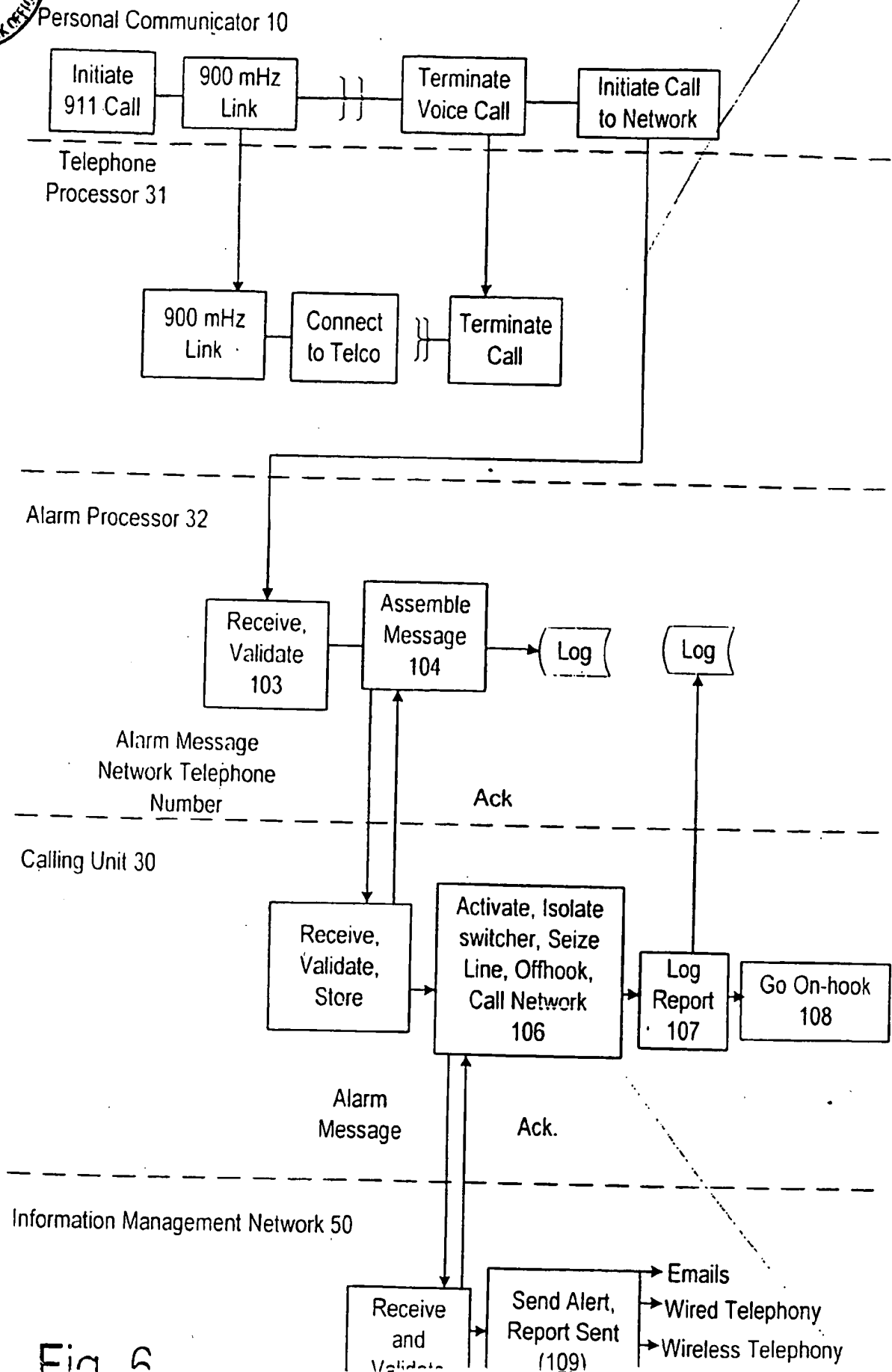


Fig 6

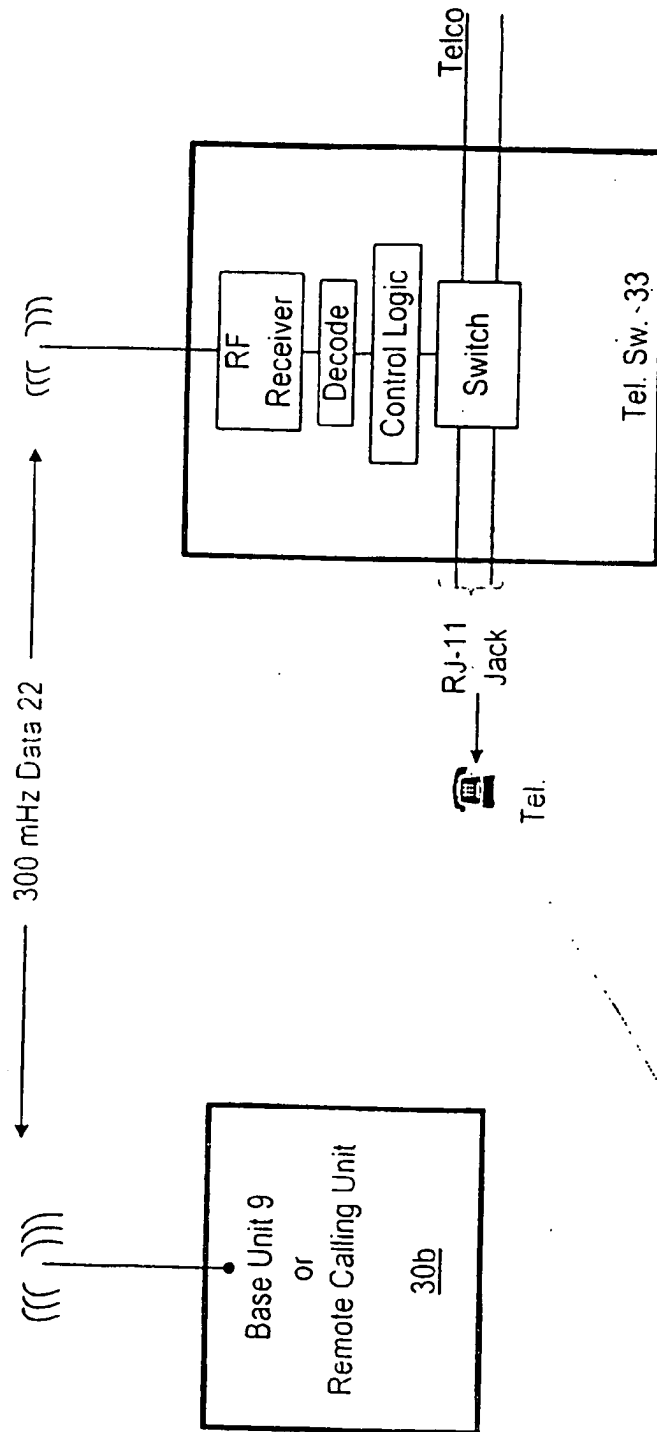
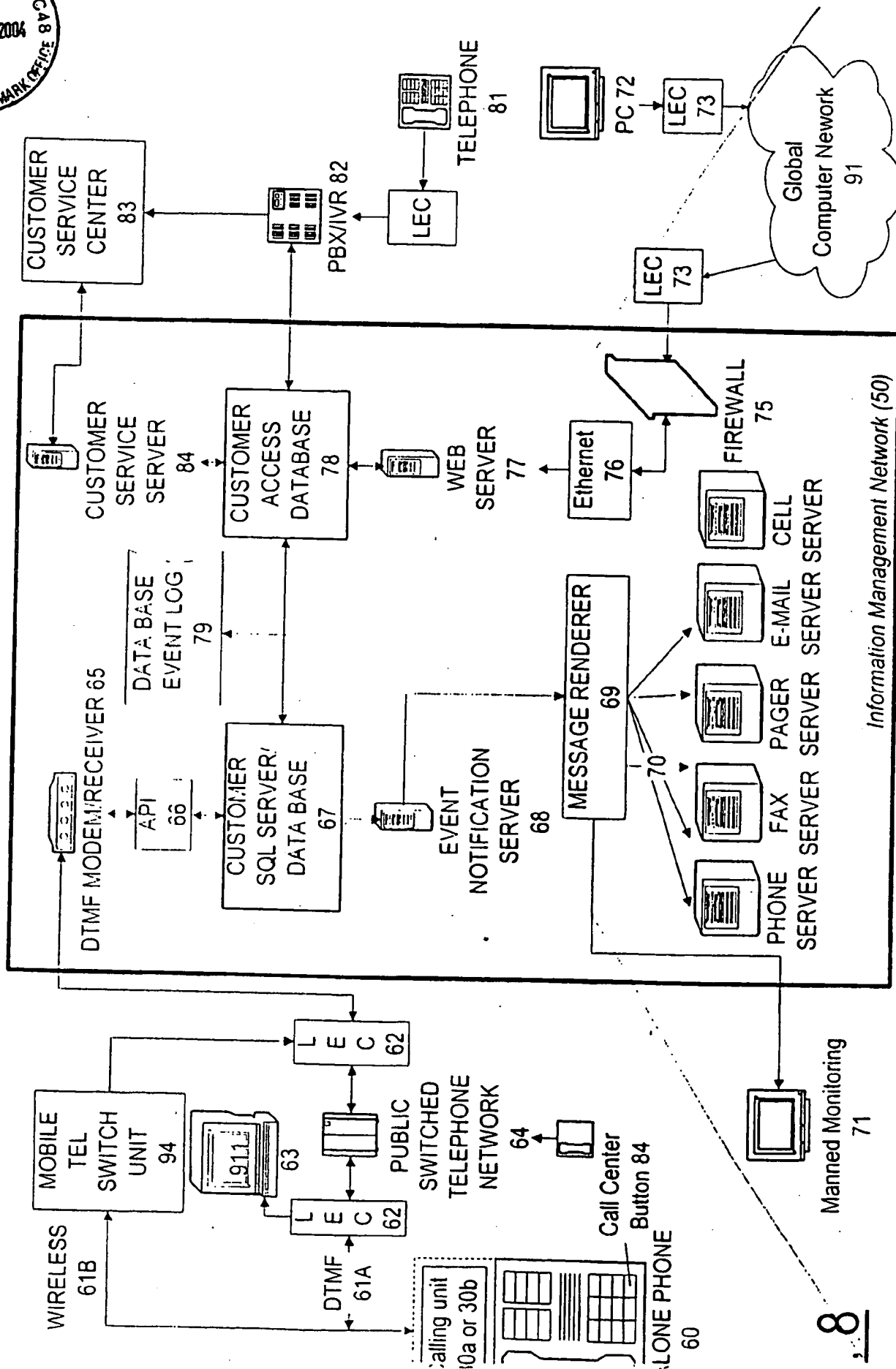


Fig. 7





**FIG. 9A****CUSTOMER PROFILE INFORMATION**

Last Name(20 sp.) First Name(12 sp.) Middle Initial (1 sp.)  
 Address  
     Number (8 spaces)  
     Street (25 spaces)  
 City(15 spaces) State(2 spaces) Zip (5 spaces - 4 spaces)  
 Home Phone Number (10 spaces) Work Number (10 spaces)

**ALARM TEST**

Contact Method:

Cell Phone _____	Cell Phone Number(15 spaces)
Home Phone _____	Home Phone Number(15 spaces)
Email _____	Email Address(27 spaces)
Fax _____	Fax Number(15 spaces)
Work _____	Work Phone Number(15 spaces)
Pager/Beeper _____	Pager Number(15 spaces)

**MANNED MONITORING**

Yes \_\_\_\_\_ No \_\_\_\_\_

If you select Manned Monitoring there will be an additional  
 charge of \_\_\_\_\_ each month for this service.

Manned Monitoring _____	Contact Number (15 spaces)
Police _____	Local Police Number (15 sp.)
Fire Dept _____	Local Fire Department (15 sp.)

**PERSONAL MEDICAL INFO:**

Doctor's Name (15 spaces)  
 Doctor's Phone Number (15 spaces)  
 Blood Pressure Checks(hours to be monitored)(15 sp.)  
 Glucose Checks (time of day for check) (6spaces)  
 Heart Monitor Yes \_\_\_\_\_ No \_\_\_\_\_  
 Time for heart monitor reporting (6 spaces)



## FIG. 9B

### CONTACT LIST

#### Contact 1

Contact Time

All Day: Yes \_\_\_\_\_ No \_\_\_\_\_

Contact time - Begin (2 sp.: 2 sp.) to (2 sp.: 2 sp.)

Contact Method:

Cell Phone _____	Cell Phone Number (15 spaces)
Home Phone _____	Home Phone Number (15 spaces)
Email _____	Email Address (27 spaces)
Fax _____	Fax Number (15 spaces)
Work _____	Work Phone Number (15 spaces)
Pager/Beeper _____	Pager Number (15 spaces)

#### Contact 2:

Contact Time

All Day Yes \_\_\_\_\_ No \_\_\_\_\_

Contact time - Begin (2 sp.: 2 sp.) to (2 sp.: 2 sp.)

Contact Method:

Cell Phone _____	Cell Phone Number (15 spaces)
Home Phone _____	Home Phone Number (15 spaces)
Email _____	Email Address (27 spaces)
Fax _____	Fax Number (15 spaces)
Work _____	Work Phone Number (15 spaces)
Pager/Beeper _____	Pager Number (15 spaces)

#### Contact 3:

Contact Time

All Day Yes \_\_\_\_\_ No \_\_\_\_\_

Contact time - Begin (2 sp.: 2 sp.) to (2 sp.: 2 sp.)

Contact Method:

Cell Phone _____	Cell Phone Number (15 spaces)
Home Phone _____	Home Phone Number (15 spaces)
Email _____	Email Address (27 spaces)
Fax _____	Fax Number (15 spaces)
Work _____	Work Phone Number (15 spaces)
Pager/Beeper _____	Pager Number (15 spaces)

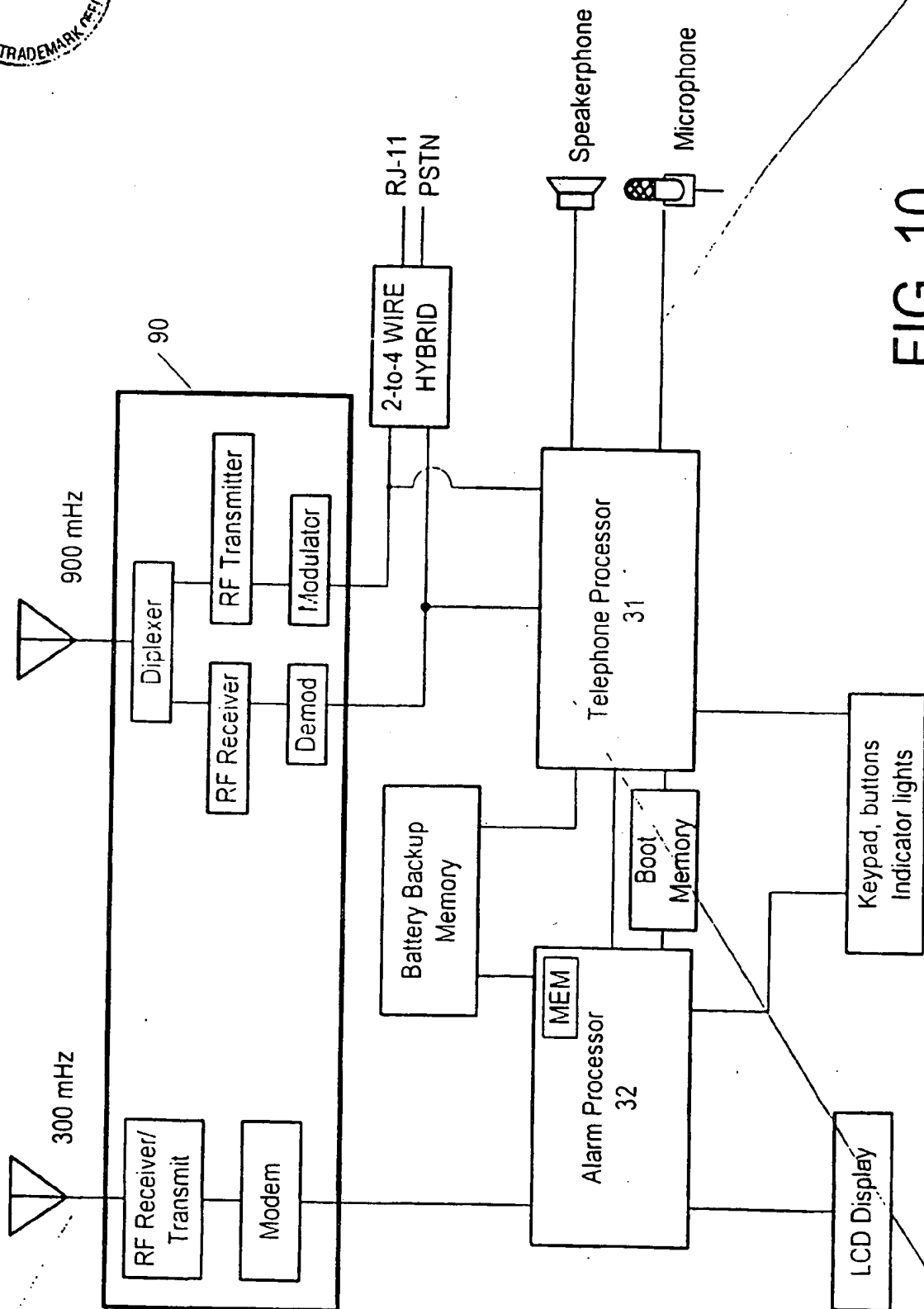


FIG. 10

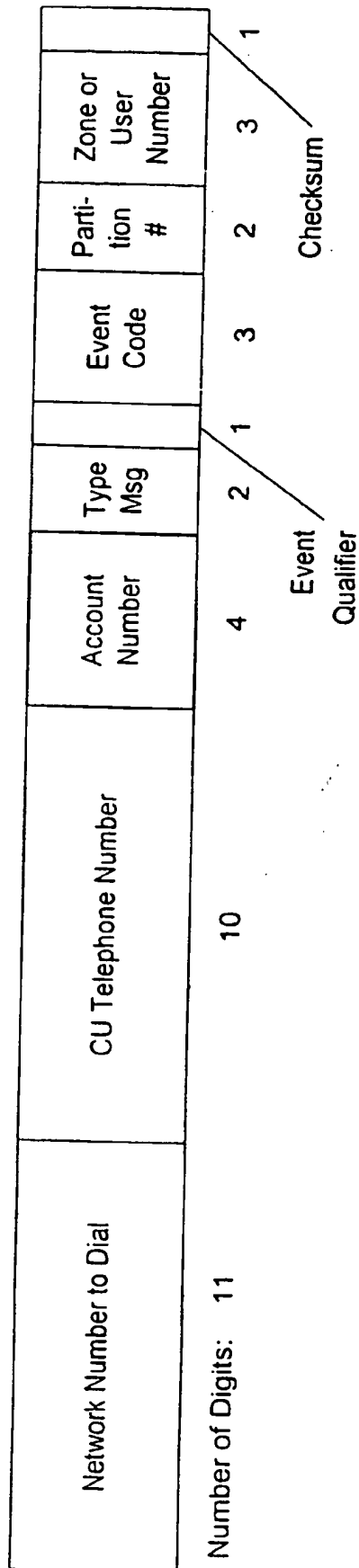


Fig. 11



Item	Number of DTMF Digits	Description
Network Number to Dial	11	The telephone number to be dialed for reporting alarms
Calling Unit Telephone Number	10	The telephone number of the telephone line to which the Calling Unit is connected.
Account Number	4	The user's account number
Type Message	2	Used to identify the message type and format
Event Qualifier	1	Describes whether the event is new, restored, closed, continuing, etc.
Event Code	3	Defines the type of alarm, or trouble, identifies test events, and system configuration changes. Medical event information would be included.
Partition Number	2	Defines the group or partition number.
Zone or User Number	3	Includes the zone number for events or user identification for open/close reports.
Checksum	1	Error detection code.

Fig. 12

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☒ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:**

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**